

PROVINCE OF SASKATCHEWAN



10-11

ANNUAL REPORT

eHEALTH SASKATCHEWAN

An Agency of the Ministry of Health

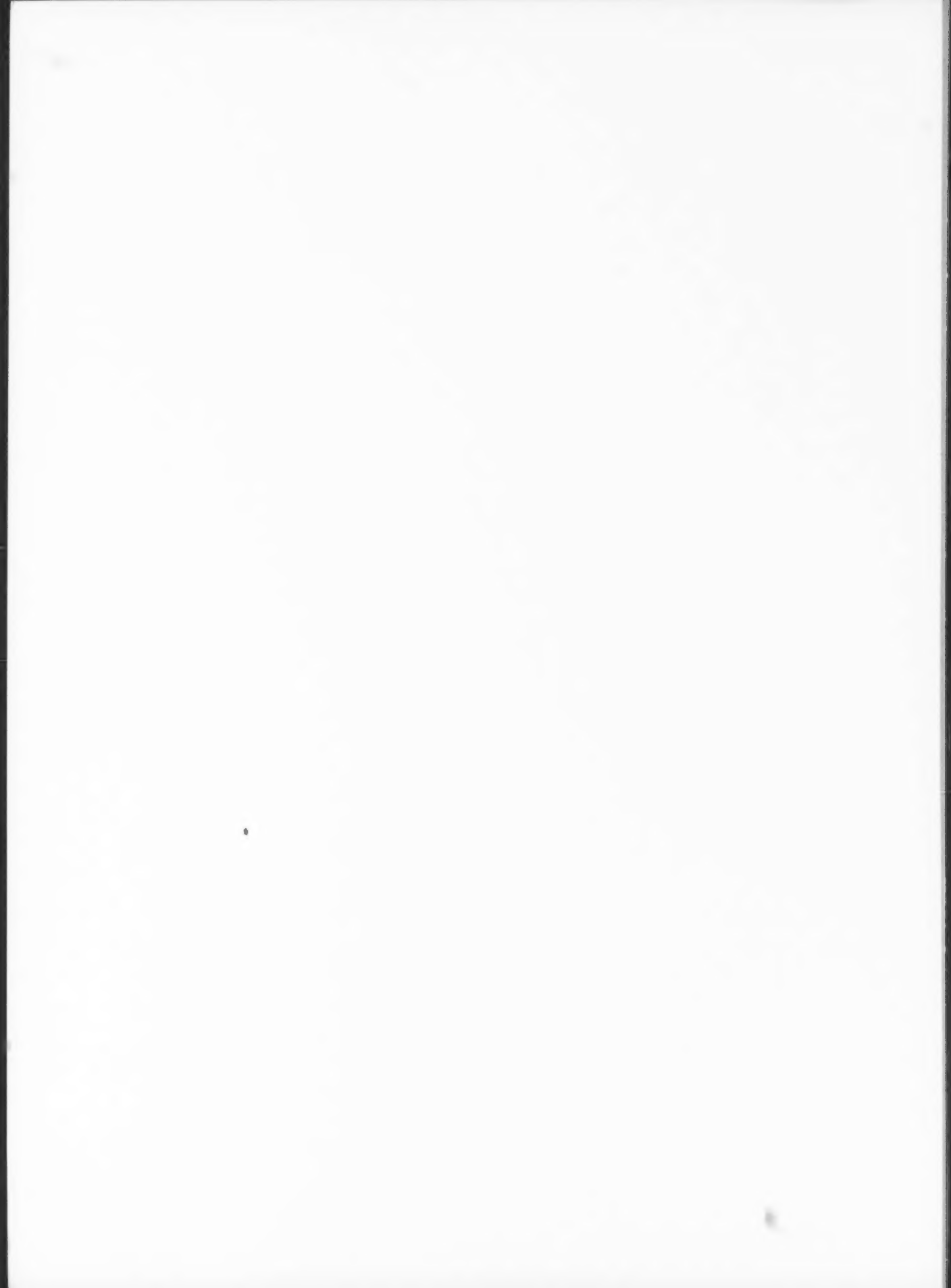


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Letter of Transmittal - Minister



Regina, Saskatchewan
July 31, 2011

The Honourable Gordon L. Barnhart, Lieutenant Governor of
Saskatchewan

May it please Your Honour:

The Government of Saskatchewan is committed to delivering on the promises made to the people of Saskatchewan people through our election platform; the fall 2010 Speech from the Throne; the Ministers' Mandate letters and the 2010-11 Budget.

Government is committed to increased accountability, honouring commitments, and responsibly managing expenditures. We continue to work on improving our health care system through the provision of exceptional service to the people of Saskatchewan, consistent with both best practice and customer expectations. We have committed to increased transparency and accountability. The 2010-11 eHealth Saskatchewan Annual Report details progress made by eHealth Saskatchewan as of March 31, 2011.

Our province is building a secure, integrated provincial eHealth system. The benefits are enormous in improving patient safety; reducing wait times and duplicate testing; providing better tools for our health human resources; improving planning and increasing financial accountability for the health care system.

Providing the best workplaces equipped with the right tools to support health care decision-making and treatment will increase patient safety, improve quality, strengthen recruitment and retention efforts and enable the province to increase the number of health care providers choosing to work here.

I am proud that our Saskatchewan-born solutions, our ability to share with other provinces, and our careful planning and resource management, have positioned us so well in the country. Canada Health Infoway has noted that Saskatchewan's approach is innovative and worthy of replication.

I respectfully submit the Annual Report of eHealth Saskatchewan for the fiscal year ending March 31, 2011, including the financial statements duly certified by auditors for the Corporation in accordance with *The Crown Corporations Act, 1993*.

A handwritten signature in dark ink, appearing to read 'D. McMorris'.

Don McMorris
Minister of Health

Letter of Transmittal - CEO

July 31, 2011

Honourable Don McMorris
Minister of Health

Honourable Don McMorris:

I have the honour of submitting the 2010-11 Annual Report of eHealth Saskatchewan for the fiscal year ending March 31, 2011.

On behalf of eHealth Saskatchewan, I acknowledge responsibility for this report and am pleased to provide assurances on the accuracy, reliability and completeness of the information contained within it.

This Annual Report highlights the many achievements of eHealth Saskatchewan in 2010-11 and reflects on another successful year for the organization.

A handwritten signature in dark ink, appearing to read "B. Jameson". The signature is stylized with a large, looped initial "B" and a cursive "Jameson".

Brenda Jameson
Acting Chief Executive Officer
eHealth Saskatchewan

Message from the Board Chair

Message from the Board Chair

During the 2010-11 fiscal year, the Treasury Board Crown Corporation previously known as the Saskatchewan Health Information Network (SHIN) transformed into eHealth Saskatchewan (eHealth). Previous to the creation of eHealth Saskatchewan, SHIN together with health system stakeholders, the Ministry of Health, health regions, the Saskatchewan Cancer Agency and Canada Health Infoway, developed and began to implement a number of the building blocks that will ultimately allow the province to create a provincial Electronic Health Record (EHR).

As eHealth, our vision remains the same - to create a fully integrated and interoperable health record for every Saskatchewan resident. We will put the patient first by reducing error, improving safety, eliminating duplication and unnecessary patient transport. The new eHealth Board of Directors is tasked with ensuring that this basic underlying vision is implemented in a manner that addresses priorities and provides the highest value, both in terms of direct patient benefit, but also the best value for our province's investment.

eHealth's role is twofold: it will lead Saskatchewan's efforts and investments toward building an electronic health record for each resident; and, it will coordinate, operate and maintain other selected clinical IT systems on behalf of healthcare delivery organizations in the province. These important roles are sometimes blurred together, but are in reality two very distinct supportive processes that could not exist without each other. These roles will be accomplished cooperatively with health system stakeholders through their representation on the eHealth Saskatchewan Board of Directors and their participation as subject matter experts, providing advice to the board.

eHealth Saskatchewan provides expert advice to the Ministry of Health and provincial health regions in the areas of privacy of health information and data stewardship. eHealth Saskatchewan administers the rules for EHR data collection, use and disclosure, and establishes and administrates provincial standards to protect the quality, confidentiality and security of personal health information, as well as articulating trustee and information management roles necessary for all stakeholders providing health services in the province.

As the adoption of eHealth tools increases in the health system, eHealth will continue to provide change management expertise that supports people and organizations in the successful adoption of electronic health solutions. To help promote the fundamental shift in thinking about and managing health information required in the health system, eHealth will continue to provide leadership at all levels: from side by side, peer-to-peer support, to high level strategic health system planning and at all levels in between.

This year we have had many successes. Our Picture Archiving Communications System (PACS) is operating in 100 per cent of regional hospitals, 60 per cent of provincial hospitals and 56 per cent of district hospitals, providing secure and immediate access to 124 million stored digital studies for use by authorized health care providers across the province. The electronic distribution of laboratory results to physician electronic medical records (EMRs), first introduced in 2009-10, continued in 2010-11, providing electronic laboratory test results to 46 clinics and over 155 physicians. EMR adoption by physicians exceeded our goal of 35 per cent adoption. The Prescription Information Program (PIP) provides the necessary prescription background information for pharmacists to provide services such as extending refills during a physician's absence and providing emergency supplies of prescribed medications as a result of regulatory amendments to *The Pharmacy Act* in 2010-11. These and a multitude of other successful eHealth implementations and progress are detailed in the pages of this annual report.

Message from the Board Chair

Reflecting on the past year, I would like to thank staff and all of our partners and stakeholders for their hard work and dedication to moving eHealth forward in this province. I anticipate another exciting and productive year in 2011-12.

A handwritten signature in black ink, appearing to read "Max Hendricks". The signature is fluid and cursive, with the first name "Max" being more prominent than the last name "Hendricks".

Max Hendricks

Board Chair

Introduction

This annual report presents the Corporation's activities and results for the fiscal year ending March 31, 2011. It reports on public commitments made and other key accomplishments of eHealth Saskatchewan.

The first part of this report outlines the project and program areas of the development of the province's electronic health record (EHR).

The second part of the report tells the story of the "behind-the-scenes" electronic systems that make up the electronic network for the Ministry of Health and health stakeholders in the province, including the health regions.

The final section of the report reflects the financial position of eHealth Saskatchewan.

Together, all ministries and agencies support the achievement of Government's three goals, and work towards a secure and prosperous Saskatchewan.

Saskatchewan's eHealth projects improve patient care by providing better access to better and timelier information for decision-making at the point of care. eHealth Saskatchewan supports our Minister's mandate of moving towards a patient and family-centered health care system by implementing the recommendations from the Patient First Review (<http://www.health.gov.sk.ca/patient-first-review>) related to functional eHealth care.

Alignment with Government's Direction

eHealth Saskatchewan's 2010-11 Annual Report aligns with Government's vision and goals.

Our Government's Vision

A secure and prosperous Saskatchewan, leading the country in economic and population growth, while providing a high quality of life for all.

Government's Goals

- Sustain economic growth for the benefit of Saskatchewan people, ensuring the economy is ready for growth and positioning Saskatchewan to meet the challenges of economic and population growth and development.
- Secure Saskatchewan as a safe place to live and raise a family where people are confident in their future, ensuring the people of Saskatchewan benefit from the growing economy.
- Keep Government's promises and fulfill the commitments of the election, operating with integrity and transparency, accountable to the people of Saskatchewan.

Overview

The Saskatchewan Health Information Network (SHIN) was created as a Treasury Board Crown Corporation in 1997 and is accountable to Cabinet through the Minister of Health. Legislative authority is provided by *The Crown Corporations Act, 1993*.

Order in Council 734/2010 renamed SHIN to eHealth Saskatchewan, appointed additional members to the board of directors and updated eHealth Saskatchewan's mandate (details included in the mandate section below).

eHealth Saskatchewan is funded by the Government of Saskatchewan with additional strategic funding from Canada Health Infoway. eHealth Saskatchewan was previously managed by the Health Information Solutions Centre (HISC), a branch of the Saskatchewan Ministry of Health. On February 27, 2011 89 full-time equivalents (FTE's) of HISC were transferred to eHealth Saskatchewan.

The eHealth Saskatchewan Board of Directors includes leaders from the health sector, the business community and the general public to provide the strategic direction and oversight of the corporation charged with building and operating the electronic health record. Board members are:

- Max Hendricks, Associate Deputy Minister of Health - Chair
- David Fan, CEO Prairie North Health Region – Vice Chair
- Dr. Milo Fink, Psychiatrist
- Scott Livingstone, CEO Saskatchewan Cancer Agency
- Duane Mombourquette, Executive Director Access and Privacy Branch, Ministry of Justice
- Jim Rhode, Businessman

Although staff transferred from HISC to eHealth Saskatchewan in 2010-11, no significant organizational changes were made. The eHealth Saskatchewan organization chart can be found in Appendix I.

eHealth Saskatchewan contributes to an efficient, effective and sustainable health system by planning and building a Provincial EHR and supportive infrastructure which ensures:

- residents' health information is accessible to health care providers regardless of the location where residents seek care;
- an enhanced quality of patient care by supporting health professionals' decision-making through improved access to the information they require;
- a safer work environment for health system employees; and,
- a more dynamic environment to recruit and retain recent graduates into the Saskatchewan health system by implementing up-to-date technology.

eHealth Saskatchewan's key partners are:

- patients;
- the Ministry of Health;
- regional health authorities;
- Saskatchewan Cancer Agency;
- the Saskatchewan Medical Association;
- organizations representing health care professionals and health providers;
- Saskatchewan information technology contracting companies; and,
- eHealth software solution companies.

Mandate

The key roles of eHealth Saskatchewan are:

- to lead Saskatchewan electronic health record (EHR) planning and strategy;
- to procure, implement, own, operate and manage the Saskatchewan EHR including the associated provincial components and infrastructure to facilitate improved health provider and patient access and use of electronic health information;

(continued)

Organization Overview

- where appropriate to procure, implement, own, operate and manage other health information systems;
- to deliver an electronic health record for Saskatchewan citizens;
- to establish the provincial eHealth information and technology standards necessary to access the Saskatchewan EHR and the associated provincial components and infrastructure;
- to provide data stewardship for the EHR and, where appropriate, of health information systems including the following:
 - administering the rules for EHR data collection, use and disclosure; and,
 - establishing and administering provincial standards to protect the quality, confidentiality and security of EHR data.

Mission and Values

Through a collaborative effort, eHealth Saskatchewan ensures health professionals have secure access to the right information, at the right time and place.

Mission

- enhance the quality of patient care by supporting health professionals' decision-making at the point of care through improved access to the information they require;
- improve the patient experience by supporting improved coordination between service delivery care providers. Provide high levels of security and privacy safeguards to support the exchange of information between care providers;
- improve overall efficiency, effectiveness and sustainability of the health sector through the innovative use of technology; and,
- inform health system decision-making by providing the necessary information base to support planning, outcome measurements, accountability and research.

Values

We believe in:

- excellence through innovation, creativity, continuous learning and recognition of achievements;
- honesty, integrity, openness and respect for our relationships;
- collaboration and teamwork;
- actions which are client-centered and results-oriented;
- security of information and privacy of individuals;
- equitable access to information for our customers; and,
- fostering development of information technology in the Saskatchewan health care sector.

Progress in 2010-11

Health Sector Priorities

eHealth Saskatchewan provides strategic leadership and project management support to define, coordinate and implement health information technology solutions.

Tools developed by eHealth Saskatchewan respond to the priorities and plans of the Ministry of Health, regional health authorities and other stakeholders.

Regional health authorities have identified the following health sector priorities:

- point of service clinical applications;
- communicable disease management;
- continued roll-out of Integrated Clinical Systems;
- data quality, reporting and decision support;
- diagnostic imaging;
- improved prescribing and patient safety;
- primary health care;
- provincial registries and systems;
- the Saskatchewan Surgical Care Network;
- Telehealth and video conferencing;

- physician electronic medical records;
- laboratory results;
- complete medication information; and
- outbreak management and immunization.

The Interoperable Electronic Health Record - Progress by Core Business Area

An interoperable electronic health record (EHR) provides a secure and private lifetime record of an individual's key health history and care. It provides a longitudinal "cradle to grave" view of clinically relevant information.

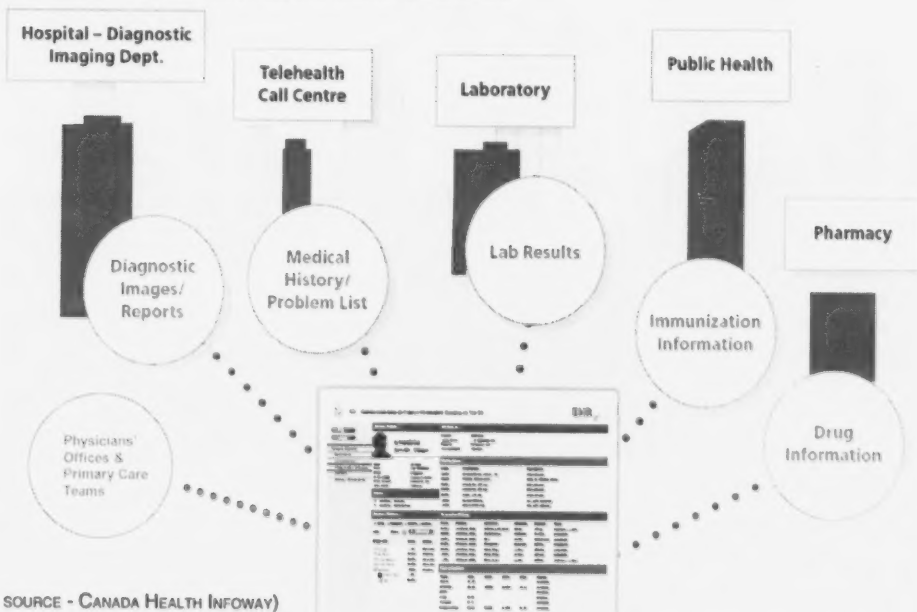
Repositories combine with registries and point of service systems to create the EHR. (Figure 1)

The EHR has three parts:

1. provincial data repositories;
2. provincial registries and access layer (the glue that holds the EHR components together); and,
3. provider systems (point of service systems).

FIGURE 1: THE INTEGRATED ELECTRONIC HEALTH RECORD (EHR)

THE CONNECTED ELECTRONIC HEALTH RECORD



(IMAGE SOURCE - CANADA HEALTH INFOWAY)

Progress in 2010-11

Integrated Systems

As noted on page 10, the EHR is not one system but rather a group of systems which together securely store the health information of an individual.

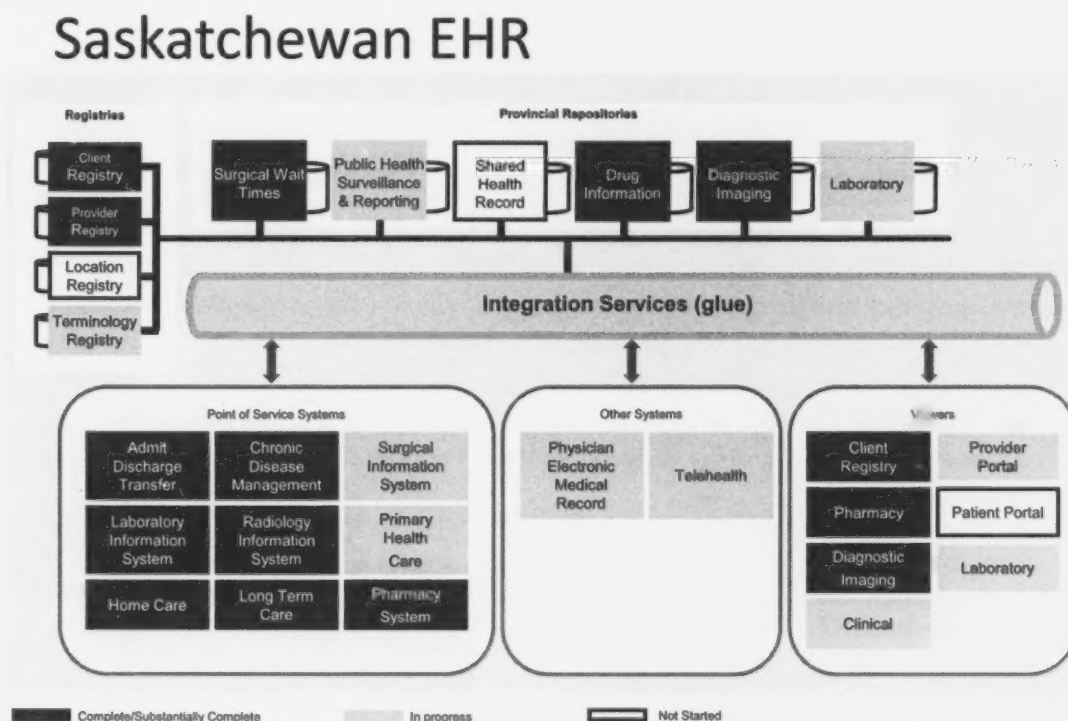
By focusing efforts to date on implementing electronic solutions in tertiary and regional hospitals where approximately 80 per cent of the province's population receives care, eHealth Saskatchewan has achieved maximum effect for funding spent. While there are a large number of systems complete or in progress, integration services (the glue) that will connect these systems together to present a single view of the patient is in the early

stages of development. Today this information is made available through viewers to each repository. Based on the implementation of the systems reflected in the diagram below, the provincial One Patient: One Record EHR is approximately 30 per cent complete.

The electronic distribution of laboratory results to some physician electronic medical records (EMRs), which began in 2009-10, marked the beginning of integration of health data into physician EMRs which has continued into 2010-11.

Figure 2 below is a summary diagram of the systems currently planned, in progress or complete/substantially complete.

Figure 2: The Integrated Electronic Health Record (EHR)



Progress in 2010-11

Putting the Patient First

There are many ways in which components of the EHR, either completed or in progress, contribute to patient-centred care in the province. Some examples are:

- **Diagnostic Imaging Repository** - reduces duplication of tests and allows a specialist who may be in another location to remotely and securely review the digital image and consult with a local physician regarding a treatment plan;
- **Drug Information Repository** – identifies duplicate prescriptions and drug interactions before a prescription is filled and is currently being used for medical reconciliation upon admission;
- **Clinical Viewer** – now operational in Regina Qu'Appelle, Sunrise, Saskatoon and Prince Albert Parkland Health Regions. Securely brings five point-of-service systems together into a common viewer, so all region information on a patient is accessible to authorized physicians and other caregivers to patients in each region;
- **Telehealth** – Using live, two-way video-conferencing enables a patient to 'visit' with health care providers while in a location closer to home rather than having to travel.
- **Physician electronic medical records** – some physician offices are receiving laboratory results electronically, resulting in physicians providing more timely care to patients.

The 2010-11 accomplishments related to the operations of eHealth Saskatchewan are detailed in the following pages.

EHR Part I – EHR Provincial Data Repositories (EHR Components)

Provincial RIS/PACS (Diagnostic Imaging/Picture Archiving) Project

The Saskatchewan Radiology Information System (RIS) Implementation Project is a computer system for tracking patients and medical imaging procedures including exam

scheduling, result reporting and billing. The RIS interfaces with existing hospital information systems to securely capture patient demographics and the orders used to schedule and complete the exam. As exams are completed, a radiologist will interpret the images and record the results in the RIS. The RIS interfaces with the Picture Archiving and Communication Systems (PACS) to link images and the interpreted results, making both available to authorized users.

The Saskatchewan Picture Archiving and Communication System (PACS) interfaces with the medical imaging device (i.e.: X-ray, CT scan, MRI, ultrasound, etc.) to capture the digital image. Once captured, the image can be stored, archived and securely shared over a computer network eliminating the use of traditional film as a presentation and storage medium.

In 2010-11, the Provincial RIS/PACS Project:

- implemented the RIS and PACS in Victoria Hospital (Prince Albert Parkland Health Region) in May 2010;
- implemented the RIS and PACS in Yorkton (Sunrise Health Region) in December 2010;
- implemented the RIS and PACS in La Ronge (Mamawetan Churchill River Health Region) in December 2010;
- implemented a CommunityNet connection for Associated Radiologists in Saskatoon (a private clinic) in January 2011, in order to improve their capacity to provide remote diagnostic reading services for sites such as Humboldt (in Saskatoon Health Region), and La Ronge; and prepare for a future connection to the provincial PACS;
- the RIS application was upgraded to the latest, supported version in March 2011; and,
- On March 31, 2011, there were 1,078,452 studies and 118,064,259 images securely stored in the provincial PACS system and are accessible to clinicians across the province.

Progress in 2010-11

Pharmaceutical Information Program (PIP) Drug Information System

The Pharmaceutical Information Program (PIP) securely manages medication information in the province. The primary goal of PIP is to improve quality of care by providing the information and tools authorized care providers need to make optimal drug therapy decisions.

In 2010-11, PIP completed further steps to integrate with electronic systems in retail pharmacies, including:

- three pharmacy system vendors passed both pan-Canadian drug information system message standard (CeRx) system testing with the Saskatchewan Drug Information System (DIS), and conformance testing to receive approval to implement their PIP integrated software in Saskatchewan pharmacies;
- a PIP CeRx Pilot exercise was run in which 14 community pharmacies across Saskatchewan were integrated successfully to PIP via CeRx messaging and important lessons learned captured;
- initial dialogue has occurred with EMR software vendors about PIP integration, following the release of conformance requirements for EMR systems;
- additional enhancements were made to the PIP software to:
 - resolve specific issues that were encountered by the 14 pharmacies during the CeRx Pilot phase, and,
 - to enhance the clinical information contained in the CeRx messages for both pharmacies and physician offices; and,
- As of March 31, 2011, records of 81.5million dispensed prescriptions were stored in PIP.

Public Health Surveillance - Pan-Canadian Electronic Public Health Surveillance (Panorama)

Panorama is designed to manage public health concerns such as severe acute respiratory syndrome (SARS) and pandemic influenza, both within and across provinces.

Panorama supports the daily operational needs of population health management related to immunization, communicable disease investigations and outbreaks, inventory management and family health.

In 2010-11, the Panorama Project:

- completed the Phase 1 planning and obtained approval for Panorama implementation from the project Steering Committee and Canada Health Infoway. This included gaining access to \$6.5 million of Infoway funding to recover a portion of the \$10 million project costs;
- kicked off stakeholder engagement with regional health authority and First Nations public health professionals to begin the work of configuring the Panorama application and aligning the disparate business processes;
- procured initial computer hardware and began setting up the infrastructure in preparation for receiving the Panorama code.

Saskatchewan Laboratory Results Repository Project (SLRR)

The Saskatchewan Laboratory Results Repository Project provides timely and accurate laboratory test results to physician office computer systems and other secure locations using pan-Canadian standards.

In 2010-11, the SLRR Project:

- implemented the second version of the electronic laboratory test result distribution service. In addition to the Saskatoon

Progress in 2010-11

and Regina Qu'Appelle Health Regions, results from the Saskatchewan Disease Control Laboratory (SDCL) and Sunrise Health Regions are now being distributed electronically, representing 80 per cent of all lab results in the province;

- completed the standardization of test names to a pan-Canadian standard for the four participating regions;
- provided electronic laboratory test results to 48 clinics and over 163 physicians. Rollouts to new clinics are continuing throughout 2011-12;
- completed the interface conformance testing for all EMR vendor systems;
- implemented the laboratory result data repository that is accumulating approximately 50,000 laboratory results per day from three health regions and the SDCL;
- began work on the eHealth Portal which will make laboratory test results available to authorized healthcare providers through a web based application; and,
- As of March 31, 2011, 16,918,636 lab results are stored in the provincial repository.

EHR Part II - Registries and Access Layer (The EHR "Glue")

The Health Information Access Layer (HIAL)

The HIAL provides security, integration and consent management through which health data is securely transmitted between data repositories and clinicians. In addition to its data transmission role province-wide, this layer will eventually connect the Saskatchewan provincial EHR to the pan-Canadian EHR.

In 2010-11 work continued which included:

- completing the architectural planning for how information data sources will be integrated into a portal for a single view for the provider of an individual's information. The sources of data include PIP, PACS, and lab results.

Provider Registry System (PRS)

The Provider Registry system stores and manages identification data about Saskatchewan Health Providers. The PRS is a standards based repository that identifies providers with a unique identifier. The PRS facilitates the exchange of health information between participating organizations and forms one of the fundamental building blocks of the pan-Canadian EHR.

PRS consistently identifies providers in the health system requesting access to the iEHR infrastructure and supports the identification and location of providers providing health services to clients. For example, PIP uses provider information and supports over 350 community pharmacies and the Ministry of Health.

PRS Sources:

- College of Physicians and Surgeons;
- College of Dental Surgeons of Saskatchewan;
- Saskatchewan College of Pharmacists;
- Saskatchewan Registered Nurses Association (SRNA);
- Saskatchewan Association of Optometrists;
- Midwife Association of Saskatchewan;
- Saskatchewan Ministry of Health; and,
- eHealth Saskatchewan.

PRS is a multi-jurisdictional initiative for which eHealth Saskatchewan has taken over the lead role from British Columbia.

Shared Client Index (SCI)

SCI operates as a province-wide client registry and provides identity management services to registration personnel and healthcare providers. SCI has a variety of users including the Ministry of Health, the regional health authorities (RHAs), the Saskatchewan Cancer Agency (SCA) and independent healthcare offices, practices and clinics such as a physician clinics or community clinics.

Progress in 2010-11

SCI performs the following functions:

- breaks down barriers between systems by accepting data from disparate data sources;
- delivers large volumes of data from numerous data sources; and,
- instantly and accurately locates and links all records about an individual across the health care system.

SCI will integrate with eHealth systems such as PACS, PIP and SLRR by providing client identification services to those applications, creating a consistent, longitudinal, cross domain view of a client's health information.

SCI Information Sources:

- Saskatoon Health Region;
- Regina Qu'Appelle Health Region;
- Prince Albert Parkland Health Region;
- Five Hills Health Region;
- Sunrise Health Region;
- Cypress Health Region;
- Prairie North Health Region;
- Sun Country Health Region;
- Kelsey Trail Health Region;
- Heartland Health Region;
- Mamawetan Churchill River Health Region;
- Person Health Registration System, Ministry of Health;
- Saskatchewan Cancer Agency; and,
- eHealth Saskatchewan.

Person Health Registration System Replacement Project

The Person Health Registration System is used to issue health services numbers and plastic health identification cards used at health care facilities in the province to provide health insurance.

In 2010-11, the Person Health Registration System Replacement Project:

- implemented several updates to add new functionality and fix problems in the system, such as:
 - providing information electronically to the Canadian Chronic Disease Surveillance System;
 - development of additional screens to allow new program nominations from Ministry of Social Services; and,
 - ability to automatically process disability program nominations from Ministry of Social Services.
- began development of the functionality required to support health card renewal in Full; and,
- began development of online registration functionality that will allow persons moving to Saskatchewan to apply for their health cards online.

EHR Part III - Provider Systems (EHR Access Points)

Integrated Clinical Systems Implementations (ICS) for Health Regions

ICS consists of several inter-related component systems that are deployed within a regional health authority. The goal of these systems is to make health care information securely available to authorized care providers within the health region in a more timely and accurate manner so that they can provide prompt patient care, which will in turn lead to improved patient outcomes.

The component systems include:

- Central Patient Index (CPI)/Registration - supports the business functions of uniquely identifying patients upon admission, transfer and discharge, as well as, capturing and

Progress in 2010-11

storing information regarding patient demographics and visits.

- **Laboratory** - responsible for collecting and analyzing a large variety of specimens from patients (i.e. blood samples, tissue samples, biopsies), then reporting the results to clinicians, wards and other agencies.
- **Pharmacy** - enables dispensing and distribution of drugs to patients by processing in hospital prescriptions using a common formulary. It also monitors and manages the inventory levels of drugs within a hospital.
- **Home Care** - automates the business functions providing service or assistance, by an approved home care service provider, to community-based clients.
- **Long Term Care** - enables long term care staff to monitor the health and well-being of special-care home residents through the analysis of data on a month-to-month basis.
- **Clinical View** - provides a single system for clinicians (physicians and nurses) to view several different types of health information (e.g. CPI/Registration information, lab results, pharmacy dispensed medications, transcription documents, and radiology interpretations) relating to a patient.

In addition, ICS implements electronic interfaces that enable information sharing across these systems.

In 2010-2011, the following were completed:

- **Central Patient Index (CPI) / Registration**
 - expanded this system to other facilities throughout the province including: Shellbrook hospital in Prince Albert Parkland Health Region in June 2010 and Outlook and District Health Centre in Heartland Health Region in November 2010.
- **Home Care**
 - assisted with implementation of the MDS Assessment component for the Regina Qu'Appelle Health Region in early 2010.

- **Clinical View**

- provided additional software licenses to enable the implementation of emergency room tracking boards and the clinical view application within the Saskatoon Health Region and the Regina Qu'Appelle Health Region; and,
- implementation of a tracking board along with a standardized, electronic triage process in the emergency department at Victoria Hospital in the Prince Albert Parkland Health Region in March 2011.

The Laboratory Information System (LIS) Replacement Project

The LIS system facilitates the ordering of lab tests for patients, managing lab test data throughout the lab processing cycle, and generating and distributing result reports to clinicians, wards and other agencies.

The project will replace the current regional LIS as the existing solution is being retired by the vendor. The new solution is consistent with the software currently used by Regina Qu'Appelle and Saskatoon Health Regions.

In 2010-11 the Laboratory Information Replacement Project:

- implemented the new SCC lab system in both the Sunrise Health Region (May 2010) and in the Five Hills Health Region (Dec 2010);
- completed all functional and technical testing of the new SCC Lab system in the Kelsey Trail Health Region; and,
- began system implementation and instrument set-ups in both Cypress and Sun Country Health Regions.

Electronic Medical Record (EMR)

An EMR is a secure computer-based system that enables the development of an electronic record of patient health information (also called an electronic medical chart) within a physician's office. The information collected may include demographics, medical conditions and diagnoses, medications, immunizations,

Progress in 2010-11

laboratory data, radiology reports, and other medical information.

An EMR allows primary care practices to set up flowsheets containing cues to help focus the visit, and allows physicians to schedule patients and bill for services electronically.

All EMRs selected and approved by the Saskatchewan Medical Association will have the capability of connecting with the provincial EHR to exchange information, as various systems become available within the EHR.

In 2010-11 the EMR Project:

- had a total of 504 physicians in 145 clinics adopt an EMR. This is 39.5 per cent of eligible fee-for-service physicians and ahead of the provincial goal of 35 per cent; and,
- in conjunction with the SLRR Project completed the successful distribution of laboratory results for a total of 163 physicians in 48 clinics.

Primary Health Care (PHC) Services

Access to primary health services is essential for individuals, families and communities. One method of serving these groups is through primary health care teams. Technology enhances communication between members of these teams by linking providers with EMRs and the EHR.

In 2010-11 the Primary Health Care (PHC) Project:

- implemented the Primary Health Care Solution (EMR) in eight Primary Health Care teams across the province, including: University of Saskatchewan Student Health Centre, the Family Medicine Unit (Regina Qu'Appelle Health Region), Radville/Bengough/Pangman (Sun Country Health Region), Moose Jaw Kliniek on Main (Five Hills Health Region), Central Butte and Borden (Saskatoon Health Region, Meadow Lake, and Loon Lake (Prairie North Health Region);
- organized a PHC Clinical Advisory Committee to provide direction on standardization and application

configuration for PHC teams across the province;

- developed a web site to provide educational material for PHC Solution users;
- tested and upgraded 13 existing clinics to the most current version of the EMR software;
- developed a monitoring framework and initiated a pilot implementation of the framework with Sun Country Health Region PHC teams.

Surgical Information System Project (SIS)

The SIS Project will replace current computerized and manual paper-based surgical services systems at seven regional health authorities. SIS supports surgical waitlists by integrating with the SSCN (Saskatchewan Surgical Care Network) Surgical Registry.

Two applications are being integrated with existing admitting, discharge and transfer (ADT) and materials management systems to support surgical bookings, electronic charting, surgical supply chain management and patient-resource management.

In 2010-11, the Surgical Information System Project:

- implemented SIS at Cypress Health Region;
- integrated the SSCN Surgical Registry with OR (operating room) Manager at Prince Albert Parkland Health Region;
- integrated the SSCN Surgical Registry with OR Manager at Cypress Health Region;
- completed initial surgeon office roll-out of OR Manager at Prince Albert Parkland Health Region;
- completed initial surgeon office roll-out of OR Manager at Cypress Health Region;
- initiated the surgical supply implementation phase at Saskatoon Health Region;
- initiated the surgical supply implementation phase at Five Health Hills Health Region; and,

Progress in 2010-11

- initiated the OR implementation phase at the Prairie North Health Region.

Canada Health Infoway Investment

Canada Health Infoway primarily funds the strategic development and adoption of EHRs. Infoway investments are directed towards improving the quality, accessibility, safety and productivity of Canada's health care system.

eHealth's collaboration with Infoway ensures that the province's EHR and infrastructure investments provide improved patient care and organizational efficiencies as well as the ability for a pan-Canadian interoperable EHR.

Infoway is an independent, non-profit, strategic investor that receives its funding from the federal government.

eHealth Saskatchewan leveraged \$11.0 million dollars of project funding for EHR related projects in 2010-11 from Infoway, approximately 20 per cent of the 2010-11 eHealth budget.

In total, eHealth Saskatchewan has signed agreements with Infoway for \$69 million dollars. To date, eHealth Saskatchewan has received \$49.4 million dollars and will access the remaining \$18.2 million dollars, primarily for EHR-Lab, Public Health Surveillance, Diagnostic Imaging and EMR projects in the future.

More information on Canada Health Infoway's investments in Canada and Canadian jurisdictions' progress toward the interoperable electronic health record is contained in Canada Health Infoway's 2010-11 annual report located at <https://www.infoway-inforoute.ca/lang-en/working-with-ehr/resource-centre>

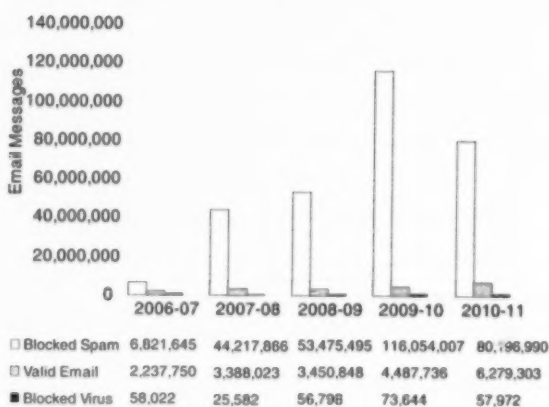
Supporting the Electronic Communication Needs of the Ministry of Health and of Health Care Providers in the Regions

Technology Support services

eHealth Saskatchewan maintains a secure network that provides authorized health care professionals with access to clinical information systems, supports the Telehealth network and provides e-mail infrastructure to all health regions and retail pharmacies across the province.

The network filters e-mail and blocks viruses and spam (junk e-mail and unsolicited bulk messages) from user's electronic mailboxes. Spam clogs up large amounts of bandwidth, increases fraud and decreases productivity. Most Internet spam can be categorized as marketing pitches, pornography, scams and hoaxes. The effectiveness of eHealth Saskatchewan's spam management tools is shown in Figure 3, Spam Management.

Figure 3: SPAM Management



Progress in 2010-11

Service Desk

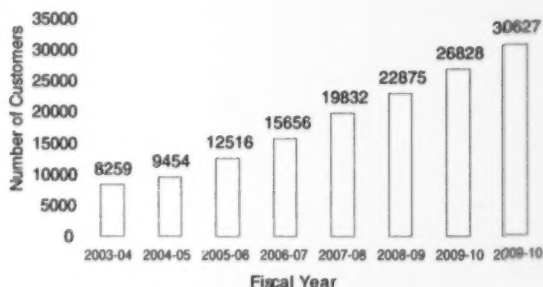
The Service Desk serves the Ministry of Health and health care staff across the province by providing end-user assistance with computer problems and questions.

The Service Desk supports:

- all health regions;
- the College of Physicians and Surgeons of Saskatchewan;
- the Saskatchewan Cancer Agency;
- the Department of Family Medicine at the College of Medicine;
- the Saskatchewan Registered Nurses' Association;
- the Saskatchewan Association of Health Organizations (SAHO); and,
- the Ministry of Health.

As of March 31, 2011, 30,627 health care staff had access to the service desk; an increase of over 14 per cent, or 3,799 users, over March 31, 2010. (See Figure 4, eHealth Saskatchewan Customer Growth).

Figure 4: eHealth Saskatchewan Customer Growth



Of the 121,647 support contacts received by the Service Desk in 2010-11, just over 30,000 were dealt with by regional technical resources, the rest were managed by the eHealth Service Team, thereby reducing the demand on resources in the health sector.

In the 2010-11 annual survey of Service Desk system users, 97 per cent of respondents rated the service provided by the Service Desk as satisfactory or better, with 60 per cent indicating they received excellent service.

Privacy and Security

eHealth Saskatchewan is subject to *The Freedom of Information and Protection of Privacy Act (FOIP)* and *The Health Information Protection Act (HIPA)* (<http://www.health.gov.sk.ca/hipa-your-rights>). Compliance with FOIP and HIPA are a priority and as a health information trustee and an information management service provider, eHealth Saskatchewan ensures that it has the highest standards in privacy protection and security of personal health information. Privacy and security is strongly promoted within the organization, and provisions are integrated into all eHealth Saskatchewan initiatives and operations.

Privacy Protection

Contracts and agreements with Saskatchewan health care organizations and service providers stipulate privacy protection as a top priority.

Project teams and program areas utilize the expertise of privacy professionals and tools such as Privacy Impact Assessments (PIAs). A PIA identifies risks and vulnerabilities associated with collection, modification, disclosure, storage, retention and disposal of personal health information. A PIA evaluates existing privacy protection and identifies alternative processes to mitigate potential privacy risks. It provides an analysis of how personal health information is managed to conform to privacy legislation, regulations, policies, procedures and best practices. The PIA process ensures strict attention is paid in the design of all eHealth Saskatchewan projects and services to protect the confidentiality and integrity of data from

Progress in 2010-11

accidental or deliberate threats. Accountability for privacy is incorporated to ensure every program and project complies with legislation including *HIPA* and *FOIP*.

eHealth Saskatchewan participates as a member of Canada Health Infoway's pan-Canadian Privacy Forum on Electronic Health Record Information Governance, Canada Health Infoway's pan-Canadian Health Information Privacy Officer Forum and the Government of Saskatchewan's privacy/security awareness month.

Security

eHealth Saskatchewan maintains standards, guidelines, operational technology and controls to protect against threats; ensuring the confidentiality, integrity and availability of information and services.

Security is maintained through firewalls, intrusion-detection software, virus-detection measures, server isolation, user access controls and encryption. The architecture is designed to limit, control and monitor the access of information to approved individuals.

Authentication procedures ensure that access is only available to authorized personnel. Audit trails indicate when and who has accessed data.

eHealth Saskatchewan works closely with other provinces, the Canadian Organization of Applied Computers in Health (COACH) and Canada Health Infoway to improve information security standards.

As technology advances and requirements evolve, eHealth Saskatchewan continues to evaluate technologies, emerging standards, industry best practices, and project initiatives to ensure that they adequately reflect practical goals and objectives.

Data Centre

To meet the future demands of the EHR, eHealth Saskatchewan requires tier three data centre space. eHealth Saskatchewan continues to work with their consortium partners in negotiating for tier three data centre space.

Monitoring

Significant effort has been put forth to establish network and application monitoring, reporting, alerting and logging systems, enabling eHealth Saskatchewan to proactively monitor the environment, resulting in faster response times, quicker resolutions and aids in future capacity planning.

CommunityNet

CommunityNet continues to expand coverage and increase bandwidth throughout the province. Additional network connections are scheduled at health facilities around the province to expand the delivery technology solutions to health care services.

Management's Responsibilities

Management's Responsibilities

The accompanying financial statements included in the Annual Report for the year ended March 31st, 2011, are the responsibility of management.

Management has prepared these financial statements in accordance with generally accepted accounting principles in Canada, consistently applied using management's best estimates and judgments where appropriate.

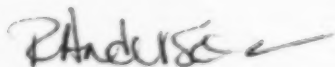
The eHealth Saskatchewan Board is responsible for overseeing the business affairs of the corporation and also has the responsibility for approving financial statements. The Board fulfills these responsibilities by reviewing financial information prepared by management and discussing the relevant matters with management and external auditors.

Management maintains a system of internal controls to ensure the integrity of information that forms the basis of the financial statements. The internal controls provide reasonable assurance that transactions are recorded and executed in compliance with legislation and required authority; that assets are properly safeguarded; and that reliable records are maintained.

The Provincial Auditor of Saskatchewan has audited the financial statements. Her report to the members of the Legislative Assembly precedes the financial statements.



Brenda Jameson
Acting Chief Executive Officer



Roseann Anderson, CMA
Chief Financial Officer

Financial Overview

The Treasury Board Crown Corporation eHealth Saskatchewan Board is responsible for setting and approving the yearly financial plan for the corporation. For 2010-11, eHealth Saskatchewan's financial position showed significant increase with the acquisition of tangible capital assets at \$15,458,000.

For 2010-11, eHealth Saskatchewan is reporting an annual surplus of \$555,000, which will be described in the paragraphs below.

Revenue

eHealth Saskatchewan (eHealth) received funding from multiple sources. Grants from the Saskatchewan Ministry of Health for 2010-11 were budgeted at \$51,211,000; this includes eHealth's yearly grant, utilization of deferred revenue and revenue for the expenditures associated with providing operational information technology services to the Ministry of Health. Actual revenue of \$42,325,000 resulted in lower than expected revenues of (\$8,886,000). The variance is due largely to deferred funding (\$14,500,000) to be used for development of the EHR that was not required in 2010-11. This deferred revenue will continue to be available in 2011-12. This is offset by increased revenue from individual Ministry branches \$5,634,000.

Canada Health Infoway (Infoway) provides funding to accelerate the implementation and adoption of EHR initiatives in Canada. Funding from Infoway provides for one-time investments in new technology, software, infrastructure and implementation service fees. 2010-11 Infoway funding totaled \$11,040,000 and compares to budgeted revenue in the amount of \$8,200,000 resulting in higher than expected revenues of \$2,840,000. This variance results from an additional contract signed with Infoway for the implementation of electronic medical records.

Recoveries revenue is \$4,089,000, compared to budgeted revenue of \$4,736,000. The lower revenues result from services eHealth provides on behalf of other agencies being less than budgeted.

Other revenue is \$422,000, compared to budgeted revenue of \$235,000. The higher revenue results from increased interest revenue and increased revenue associated with managing the inter-jurisdictional provider registry program for providing host service.

Amortization

eHealth Saskatchewan budgets use the cash flow method and therefore has not budgeted amortization.

Corporate Services

Corporate Services for 2010-11 reported expenditures of \$1,393,000 compared to budgeted expenditures of \$1,778,000, an under spend of \$385,000. Expenditures from Corporate Services include program areas such as privacy and change management. The majority of the variance can be attributed to difficulty in recruiting skilled staff.

eHealth & Business Services

eHealth and Business Services for 2010-11 reported expenditures of \$3,835,000 compared to budgeted expenditures of \$3,986,000, an under spend of \$151,000. Expenditures from eHealth and Business Services include program areas such as provider and client registries, business analysts and standards. The majority of the variance can be attributed to difficulty in recruiting skilled staff.

Finance

Finance reported expenditures of \$1,513,000 for 2010-11 compared to budgeted expenditures of \$1,783,000, an under spend of \$270,000. Expenditures from Finance include accommodation costs, administration costs and legal services. The majority of the variance can be attributed to delaying the hiring of staff until the transition to eHealth Saskatchewan was completed.

Board and Executive Offices

Board reported expenditures of \$146,000 for 2010-11 compared to budgeted expenditures of \$0, an over spend of \$146,000. Expenditures from Board and Executive

2010-11 Financial Overview

Offices include board remuneration, salaries and facilities costs for meetings. The variance is due to not budgeting for these costs as the decision to increase the board size did not occur until December 2010.

Operations

Operations for the 2010-11 year reported expenditures of \$30,754,000 compared to budgeted expenditures of \$32,027,000, an under spend of \$1,273,000. Operation costs support the core business activities of eHealth Saskatchewan and include contracted resources for service desk, application support, knowledge management, server, security and network resources.

The variance results from professional services reporting an under spend of \$2,049,000 attributed to turnover in staff and difficulty in recruiting skilled staff, offset by software license purchases and software maintenance reporting an over spend of \$943,000 attributed to increased purchases of software from capitalized projects resulting in increased maintenance costs.

Project Services

Project Services reported expenditures of \$2,359,000 for 2010-11 compared to budgeted expenditures of \$4,348,000, an under spend of \$1,989,000. Expenditures from Project Services include the project services office and projects which are expensed rather than capitalized. The majority of the variance can be attributed to not hiring as many staff as was budgeted for.

Auditors Report

INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of eHealth Saskatchewan, which comprise the statement of financial position as at March 31, 2011, and the statements of operations, change in net financial assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

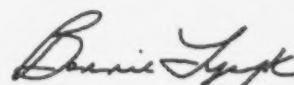
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of eHealth Saskatchewan as at March 31, 2011, and the results of its operations, change in its net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Regina, Saskatchewan
July 11, 2011



Bonnie Lysyk, MBA, CA
Provincial Auditor

Statement 1

Health Saskatchewan

Statement of Financial Position as at March 31

(in thousands of dollars)

	2011	2010
Financial Assets		
Due from General Revenue Fund (Note 3)	\$24,618	\$23,805
Receivable from Ministry of Health	9,183	2,844
Other Accounts Receivable	10,441	7,521
	<u>44,242</u>	<u>34,170</u>
Liabilities		
Accounts Payable and Accrued Liabilities	5,893	6,697
Accrued Salaries & Benefits	284	-
Accrued Vacation	168	-
Deferred Revenue (Note 11)	35,193	26,051
Obligations Under Capital Leases (Note 9)	464	872
	<u>42,002</u>	<u>33,620</u>
Net Financial Assets (Statement 3)	<u>2,240</u>	<u>550</u>
Non-financial Assets		
Tangible Capital Assets (Note 5)	61,598	63,461
Prepaid Assets	3,376	2,648
	<u>64,974</u>	<u>66,109</u>
Accumulated Surplus (Statement 2)	<u>\$67,214</u>	<u>\$66,659</u>

(See accompanying notes to financial statements)

Statement 2

eHealth Saskatchewan

Statement of Operations for the year ended March 31

(in thousands of dollars)

	2011 (Budget-Note 4)	2011	2010
Revenue			
Ministry of Health Funding	\$51,211	\$42,325	\$45,200
Canada Health Infoway Funding	8,200	11,040	6,943
Recoveries	4,736	4,089	1,620
Other Revenue	235	422	219
Total Revenue	64,382	57,876	53,982
Expenses			
Amortization	-	17,321	14,081
Corporate Services	1,778	1,393	1,092
eHealth & Business Services	3,986	3,835	2,203
Finance	1,783	1,513	1,534
Board and Executive Office	-	146	-
Ongoing Operations	32,027	30,754	25,969
Project Services	4,348	2,359	4,781
Total Expenses (Schedule 1)	43,922	57,321	49,660
Annual Surplus	\$20,460	555	4,322
Accumulated Surplus, at beginning of year		66,659	62,337
Accumulated Surplus, at end of year (Statement 1)		\$67,214	\$66,659

(See accompanying notes to financial statements)

Statement 3

eHealth Saskatchewan

Statement of Change in Net Financial Assets for the year ended March 31

(in thousands of dollars)

	<u>2011</u>	<u>2010</u>
Annual Surplus	\$555	\$4,322
Acquisition of Tangible Capital Assets	(15,458)	(17,951)
Amortization of Tangible Capital Assets	<u>17,321</u>	<u>14,081</u>
	<u>1,863</u>	<u>(3,870)</u>
Use of Prepaid Assets	<u>(728)</u>	<u>(232)</u>
	<u>(728)</u>	<u>(232)</u>
Increase in Financial Assets	1,690	220
Net Financial Assets at beginning of year	<u>550</u>	<u>330</u>
Net Financial Assets at end of year (Statement 1)	<u><u>\$2,240</u></u>	<u><u>\$550</u></u>

(See accompanying notes to financial statements)

Statement 4

eHealth Saskatchewan

Statement of Cash Flows for the year ended March 31

(in thousands of dollars)

	2011	2010
Cash Flows From Operating Activities		
Cash Receipts	\$57,759	\$62,608
Cash Paid To Suppliers And Others	(41,080)	(34,191)
Cash Provided by Operating Activities	<u>16,679</u>	<u>28,417</u>
Cash Flows From Investing Activities		
Purchase Of Tangible Capital Assets	(15,458)	(17,951)
Cash Used In Investing Activities	<u>(15,458)</u>	<u>(17,951)</u>
Cash Flows From Financing Activities		
Net Change in Obligations Under Capital Leases	(408)	(344)
Cash Used In Financing Activities	<u>(408)</u>	<u>(344)</u>
Net Increase In Due From General Revenue Fund	813	10,122
Due From General Revenue Fund, Beginning Of The Year	23,805	13,683
Due From General Revenue Fund, End Of The Year	<u>\$24,618</u>	<u>\$23,805</u>

(See accompanying notes to financial statements)

Notes to the Financial Statements

eHealth Saskatchewan

Notes to the Financial Statements for the year ended March 31, 2011

(in thousands of dollars)

1. Description of Business

Saskatchewan Health Information Network (SHIN) was established as a Treasury Board Crown Corporation by Order in Council 581/1997 under the provisions of *The Crown Corporations Act, 1993* (Act) effective August 19, 1997.

SHIN was renamed to eHealth Saskatchewan by Order in Council 734/2010.

eHealth was created to design, implement, own, operate, and manage a provincial health information network. eHealth's purpose is to foster the development of the health information technology sector, to foster re-engineering of health delivery processes and to protect health information as a strategic resource.

2. Significant Accounting Policies

Pursuant to standards established by the Public Sector Accounting Board (PSAB), eHealth is classified as an other government organization. eHealth uses Canadian public sector accounting standards. The following principles are considered to be significant:

a) The Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

b) Revenue

Revenues are recognized in the period in which the transactions or events occurred that gave rise to the revenues.

c) Expenses

Expenses represent the cost of resources consumed during the year for operations. Expenses include provision for the amortization of tangible capital assets.

d) Tangible Capital Assets

Tangible capital assets are recorded at cost and are amortized over their useful life. Amortization is recorded, commencing with the quarter after the assets are placed into service, on a straight-line basis at the annual rates set out below:

Desktop Computer Hardware	33%
Computer Software	33%
Network Hardware, Software & System Development costs	20%
Office Equipment	20%
Office Furniture	10%

e) Non-financial assets

Tangible capital and other non-financial assets are accounted for as assets because they can be used to provide services in future periods. These assets do not normally provide resources to discharge liabilities unless they are sold.

Notes to the Financial Statements

f) Measurement Uncertainty

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of financial assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. These estimates are reviewed periodically, and, as adjustments become necessary, such adjustments are reported in earnings in the period in which they become known.

3. Due from the General Revenue Fund

eHealth's bank account is included in the Consolidated Offset Bank Concentration arrangement for the Government of Saskatchewan.

Earned interest is calculated and paid by the General Revenue Fund on a quarterly basis into the Corporation's bank account using the Government's thirty-day borrowing rate and eHealth's average daily account balance. The Government's average thirty-day borrowing rate in 2011 was 0.80 per cent (2010 - 0.27 per cent)

4. Budget Approval

eHealth's budget is approved by the Board.

5. Tangible Capital Assets

	March 31, 2011							March 31, 2010
	Desktop Computer Hardware & Software	Computer Network Hardware	Licensed or Multiple Application Software	Office Furniture & Equipment	System Development Costs	Work In Progress System Development	Total	Total
Opening Cost	\$1,074	\$9,613	\$9,598	\$1,217	\$102,363	\$8,325	\$132,190	\$114,813
Additions During the Year	-	210	1,566	-	5	13,677	15,458	17,951
WIP moved into Production	-	-	-	-	15,736	(15,736)	-	-
Disposals	-	-	-	-	-	-	-	(574)
Closing Cost	1,074	9,823	11,164	1,217	118,104	6,266	147,648	132,190
Opening Accumulated Amortization	1,074	6,929	7,261	858	52,607	-	68,729	55,222
Annual Amortization	-	766	648	136	15,771	-	17,321	14,081
Disposals	-	-	-	-	-	-	-	(574)
Closing Accumulated Amortization	1,074	7,695	7,909	994	68,378	-	86,050	68,729
Total Tangible Capital Assets	\$-	\$2,128	\$3,255	\$223	\$49,726	\$6,266	\$61,598	\$63,461

Notes to the Financial Statements

6. Maintenance Agreements for Software

eHealth has several agreements with software vendors to provide maintenance for software that has been purchased by eHealth. A total of \$11,462 was spent in 2011 (2010 - \$7,100) and \$3,029 (2010 - \$2,776) is committed for the current year and will likely continue into the future.

7. Related Parties

These financial statements include routine transactions with related parties. eHealth is related to all Saskatchewan Crown agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. Related party transactions to March 31, include the following:

	2011	2010
Revenue		
Regional Health Authorities	2,848	1,006
Health Quality Council	7	1
Saskatchewan Association of Health Organizations	46	85
Saskatchewan Cancer Agency	65	-
Ministry of Finance	150	2,248
Ministry of Health	52,051	51,432
Accounts Receivable		
Regional Health Authorities	437	305
Health Quality Council	-	-
Saskatchewan Association of Health Organizations	16	51
Saskatchewan Ministry of Health	9,183	6
Expenditures		
Regional Health Authorities	1,201	2,246
Health Quality Council	-	-
Ministry of Government Services	2,122	1,731
Saskatchewan Association of Health Organizations	147	27
Saskatchewan Cancer Agency	-	-
Saskatchewan Opportunities Corporation	870	851
SaskTel	2,172	2,371
Saskatchewan Workers' Compensation Board	3	2
Accounts Payable		
Regional Health Authorities	190	110
Saskatchewan Opportunities Corporation	4	4
Ministry of Government Services	215	165
Saskatchewan Association of Health Organizations	8	-
SaskTel	169	875

Other transactions with related parties and amounts due to/from them are described separately in the financial statements and the notes thereto.

Routine operating transactions with related parties are recorded at the standard rates charged by those organizations and are settled on normal trade terms. In addition, eHealth pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases.

The Ministry of Health provides management and technical services to eHealth without charge.

Notes to the Financial Statements

8. Financial Instruments

eHealth's financial instruments include due from the General Revenue Fund, accounts receivable and accounts payable. The carrying amount of these instruments approximates fair value due to their short-term nature. These instruments have no interest or credit risk.

9. Capital Lease

eHealth currently has five capital leases on equipment with certain Canadian financial service companies. The minimum annual lease payments for the capital leases over the remaining three years are as follows:

2012	\$311
2013	216
2014	1
Total Minimum Lease Payments	528
Less Amount Representing Interest	(19)
Total Obligation	509
Less Expense Related to Maintenance	(45)
Balance of the Obligation	\$464

10. Operating Leases

eHealth has entered into a lease agreement with Saskatchewan Opportunities Corporation, a related party, for office space, which expires on April 30, 2014. The operating lease payments for the remaining four years are as follows:

2012	\$819
2013	819
2014	819
2015	68
Total Lease Payments	\$2,525

eHealth has entered into several lease agreements with a financial services company for equipment. The operating lease payments over the last year is as follows:

2012	\$8
Total Lease Payments	\$8

11. Deferred Revenue

As of March 31, 2011, eHealth's deferred revenue balance is \$35,193 (2010 - \$26,051). Deferred revenue is only used once all project planning and due diligence (including stakeholder readiness) is completed and other revenue opportunities (such as Canada Health Infoway) are maximized. The deferred revenue consists of unspent amounts provided by the Ministry of Health and Canada Health Infoway, which are committed to developing information technology systems that support frontline delivery, improve access, quality and efficiency of care.

Government transfers with restrictions are recorded as deferred revenue in accordance with the Restricted Assets and Revenues section of the PSAB Handbook. The Restricted Assets and Revenue Section will no longer apply to government transfers effective with the implementation of the new Government Transfers section of the PSAB Handbook. eHealth is currently examining the impact of implementing the new Government Transfers section. The new Government Transfers section is required to be implemented by April 1, 2012.

Notes to the Financial Statements

Deferred Revenue	April 1, 2010	2010-11 Expenditures	Amounts Received	March 31, 2011
<i>First Ministers Funding</i>				
ESP Staff Scheduling Project	\$660	\$38	\$-	\$622
<i>Total First Ministers Funding</i>	660	38	-	622
<i>Other Deferred Revenue</i>				
Canada Health Infoway	3,903	1,296	-	2,607
Saskatchewan Health Pay Forward	18,750	1,291	8,000	25,459
Acute and Emergency System Enhancements	424	382	378	420
Community System Enhancements	1,121	571	200	750
Drug Plan System Enhancements	508	637	2,450	2,321
Physician Payment System Enhancements	560	-	-	560
Provider Registry Host Agency	-	218	737	519
Saskatchewan Surgical Initiatives	-	1,000	2,935	1,935
Telehealth Initiatives	125	125	-	-
<i>Total Other Deferred Revenue</i>	25,391	5,520	14,700	34,571
Total Deferred Revenue	\$26,051	\$5,558	\$14,700	\$35,193

12. Commitments

As of March 31, 2011, eHealth is committed to developing information technology applications totalling \$3,341 (2010 - \$6,952) and technical support for internal and regional IT systems totalling \$37,102 (2010 - \$22,542). The following table outlines the funds dedicated for capital and operational expenditures.

Commitments	Total Committed	Work Completed March 31, 2011	Outstanding Commitments March 31, 2011
Capital Projects	\$7,265	\$3,924	\$3,341
Operational Services	54,680	17,578	37,102
Total Commitments	\$61,945	\$21,502	\$40,443

13. Comparative Figures

Prior year figures have been reclassified to conform to present year presentation.

Schedule 1

Health Saskatchewan

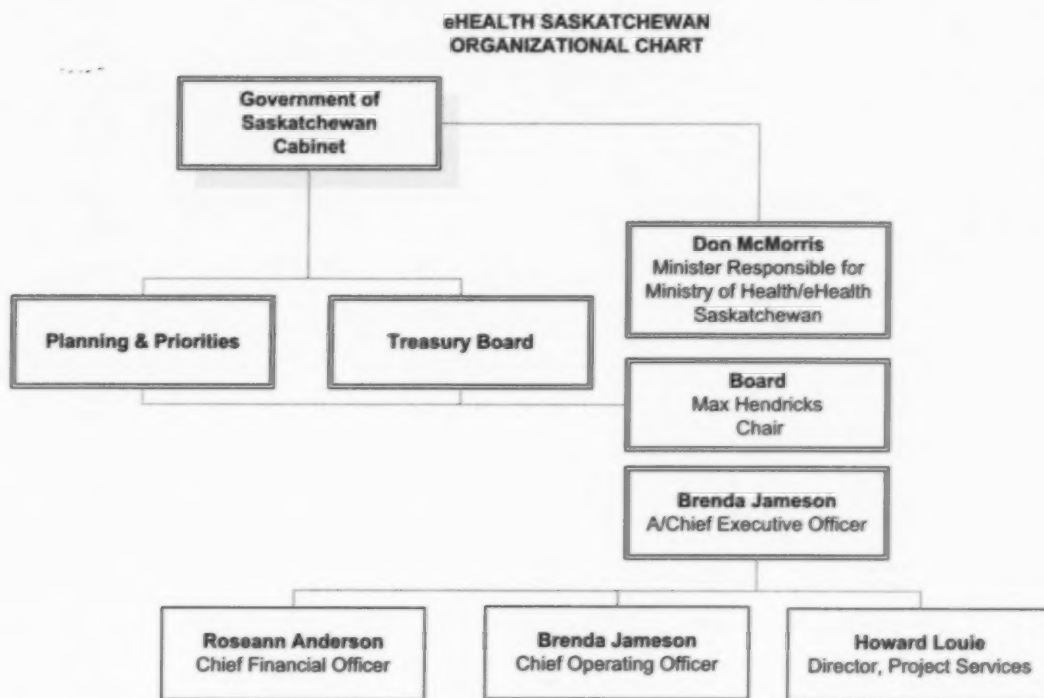
Schedule of Expenses by Object for the year ended March 31

(in thousands of dollars)

Description	2011
Amortization	\$17,321
Board	1
Cabling	26
Community Net	3,003
Connectivity / Communications	906
Electrical	216
Facilities	61
Hardware Maintenance	533
Hardware Purchases	149
Infrastructure Leases	427
Insurance	8
Legal	324
Membership & Subscription	11
Miscellaneous	39
Office Supplies	62
Parking	72
Professional Fees	20,584
Rent	1,064
Salaries & Benefits	720
Software Licenses	448
Software Maintenance	11,073
Telephone & Long Distance	99
Travel	174
Grand Total	\$57,321

Appendix I: Organizational Structure

eHealth Saskatchewan Organizational Chart



Appendix II: Payee List

sHealth Saskatchewan

Payee List

For the Year Ended March 31, 2011 (Unaudited)

(thousands of dollars)

Supplier Payments

Listed payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Vendor	Total Cost
Access Communications	62
BC Ministry of Finance	573
CA Canada Company	318
Canada Revenue Agency	409
Cerner Canada Ltd.	558
CGI Information Systems and Management Consultants	2,131
Citrix Systems Inc.	205
Dell Canada Inc.	709
Dell Financial Services Canada	212
Dempsey, Gerry	62
Develus Systems Inc. dba Procura	340
Dr. Gary Morris Medical Prof. Corp	90
DS Nursing Solutions	69
Eclipsys	2,544
Elite Information Systems and Consulting Inc.	1,300
EMC Corporation of Canada	61
ESTI Consulting Services	374
First Data Bank Inc.	183
Gordon Point Informatics Ltd.	106
Hewlett-Packard (Canada) Co.	52
Hewlett-Packard Financial Services Canada Company	605
Horizon	94
HV Solutions Canada, Inc.	107
IBM Canada Ltd.	4,613
Info- Tech Research Group Inc.	163
Informatica Corporation	299
Innovation Place	870
Insight Canada Inc.	128
Interactive Business Systems Inc.	178
Inverness Consulting	4,196
Kelsey Trail Health Region	104
Lab Ware Inc.	191
MacPherson Leslie and Tyerman LLP Lawyers	701
Med Access	771

Appendix II: Payee List (cont'd)

Vendor	Total Cost
Microsoft Licensing, GP	2,923
Minister of Finance	201
Minister of Finance - PST	357
Minister of Finance - SPM	2,096
Momentum Healthware Inc.	375
Oracle Corporation Canada Inc.	732
Orion Health Limited	202
Paradigm Consulting Group Inc.	2,957
Philips Medical Systems Canada	2,471
Picis, Inc.	809
Prince Albert Parkland Regional Health Authority	177
Regina Qu'Appelle Regional Health Authority	271
RWI Informatics Inc.	1,440
SAHO	147
SAIC Canada	7,702
SAS Institute (Canada) Inc.	83
Saskatoon Regional Health Authority	389
SaskTel	2,130
SCC Soft Computer	959
Sierra Systems Group Inc.	1,104
Solutions On Site	78
Solvera Solutions	3,187
Sunrise Regional Health Authority	86
TalentC - People Services Inc.	52
Tandberg Canada Inc.	183
Technology Management Corporation	455
US Bank Canada	64
WBM Office Systems	343
Total	55,373

Appendix III: Acronyms

AVERT	Application Verification Toolkit
CDM	Chronic Disease Manager
CEO	Chief Executive Officer
CeRx	Pan-Canadian Drug Information System Message Standard
CIO	Chief Information Officer
COACH	Canadian Organization of Applied Computers in Health
COPD	Chronic Obstructive Pulmonary Disease
CT scan	Computed Axial Tomography (also known as a CAT scan)
DIS	Drug Information System
EHR	Electronic Health Record
EMR	Physician Electronic Medical Record
HISC	Health Information Solutions Centre
HQC	Health Quality Council
HSN	Health Services Number
ICS	Integrated Clinical Systems
LIMS	Laboratory Information Management System
LIS	Laboratory Information System
MRI	Magnetic Resonance Imaging
OIPC	Office of the Saskatchewan Information and Privacy Commissioner
PACS	Picture Archiving and Communication System
PAQC	Patient Access to Quality Care Project
PHI	Personal Health Information
PIA	Privacy Impact Assessment
PIP	Pharmaceutical Information Program
PRS	Provider Registry System
RIS/PACS	Radiology Information System / Picture Archiving and Communication System
SAHO	Saskatchewan Association of Health Organizations
SDCL	Saskatchewan Disease Control Laboratory (formerly known as the Provincial Laboratory)
SHIN	Saskatchewan Health Information Network
SIS	Surgical Information System
SLRR	Saskatchewan Laboratory Results Repository Project
SMA	Saskatchewan Medical Association
SSCN	Saskatchewan Surgical Care Network (Surgical Registry)
